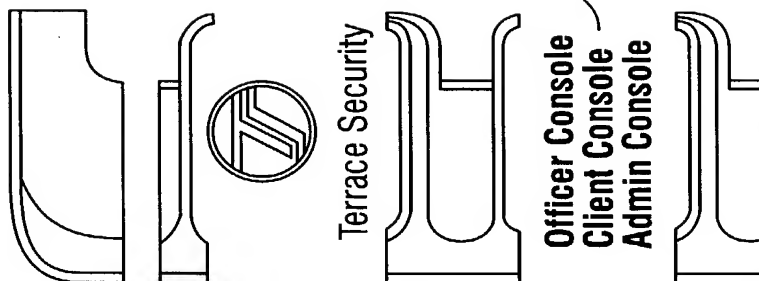


**FIG. 1**



**Terrace Security Corporation**  
Online Applications Management Console



**2/41**

**FIG. 2**



**Terrace Security Corporation**  
Officer Console

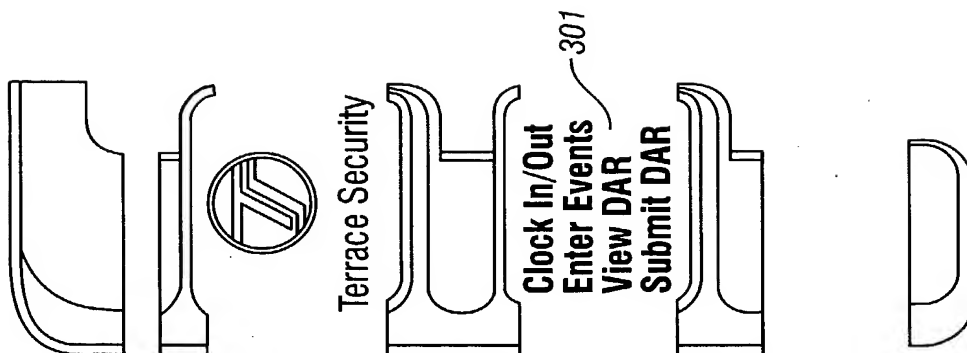
Please enter your badge number and password to continue:

Badge Number  305

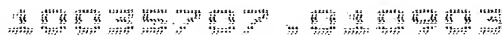
Password  310

315

3/41



**FIG. 3**



Logged In: Neely, Bernard

## Time In

## Property

Terrace @ Willowbrook

## Shift Code

Radio Number

-425

-430

## Comments

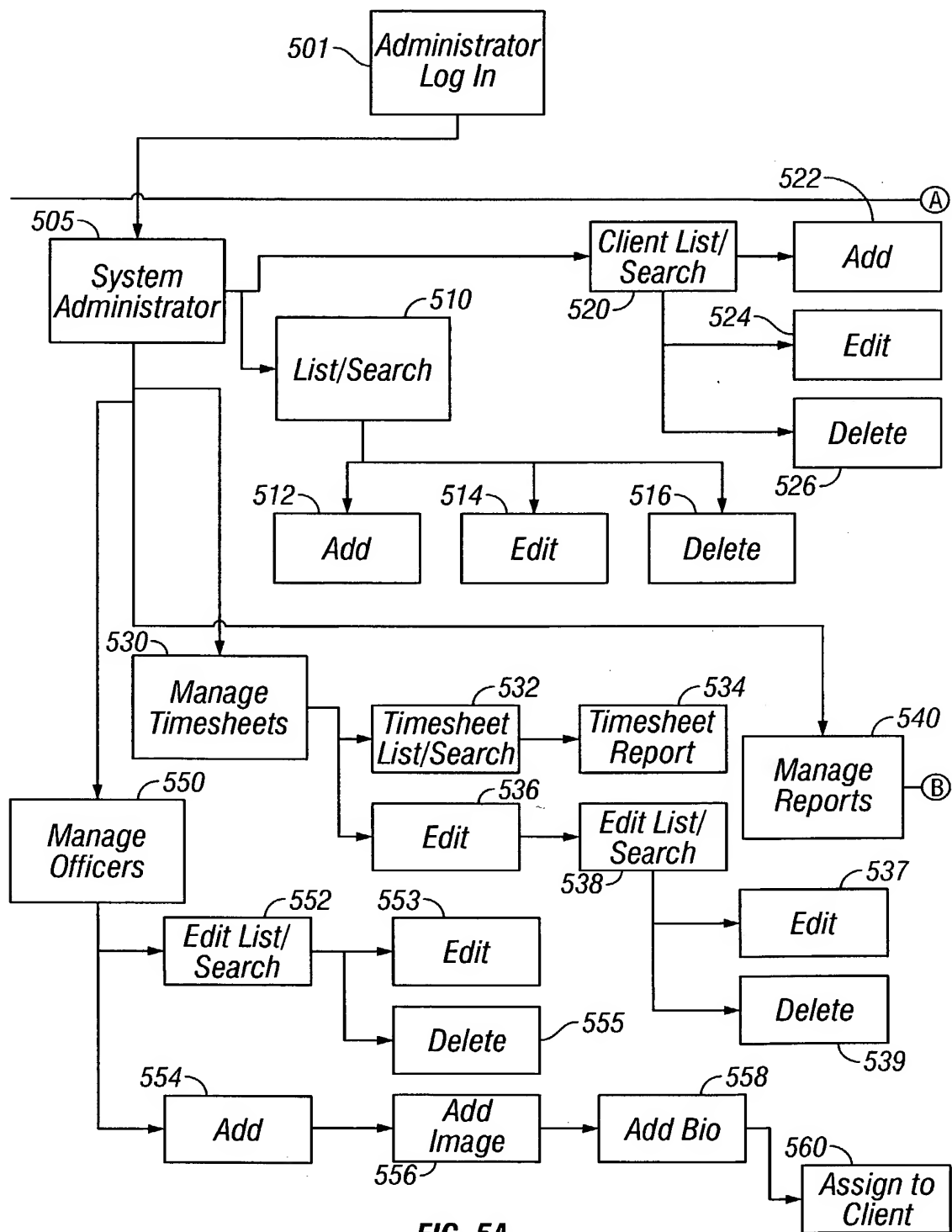
**Clock In/Out  
Enter Events  
View DAR  
Submit DAR  
Log Out**

-440

## Clock In

**FIG. 4**





7/41

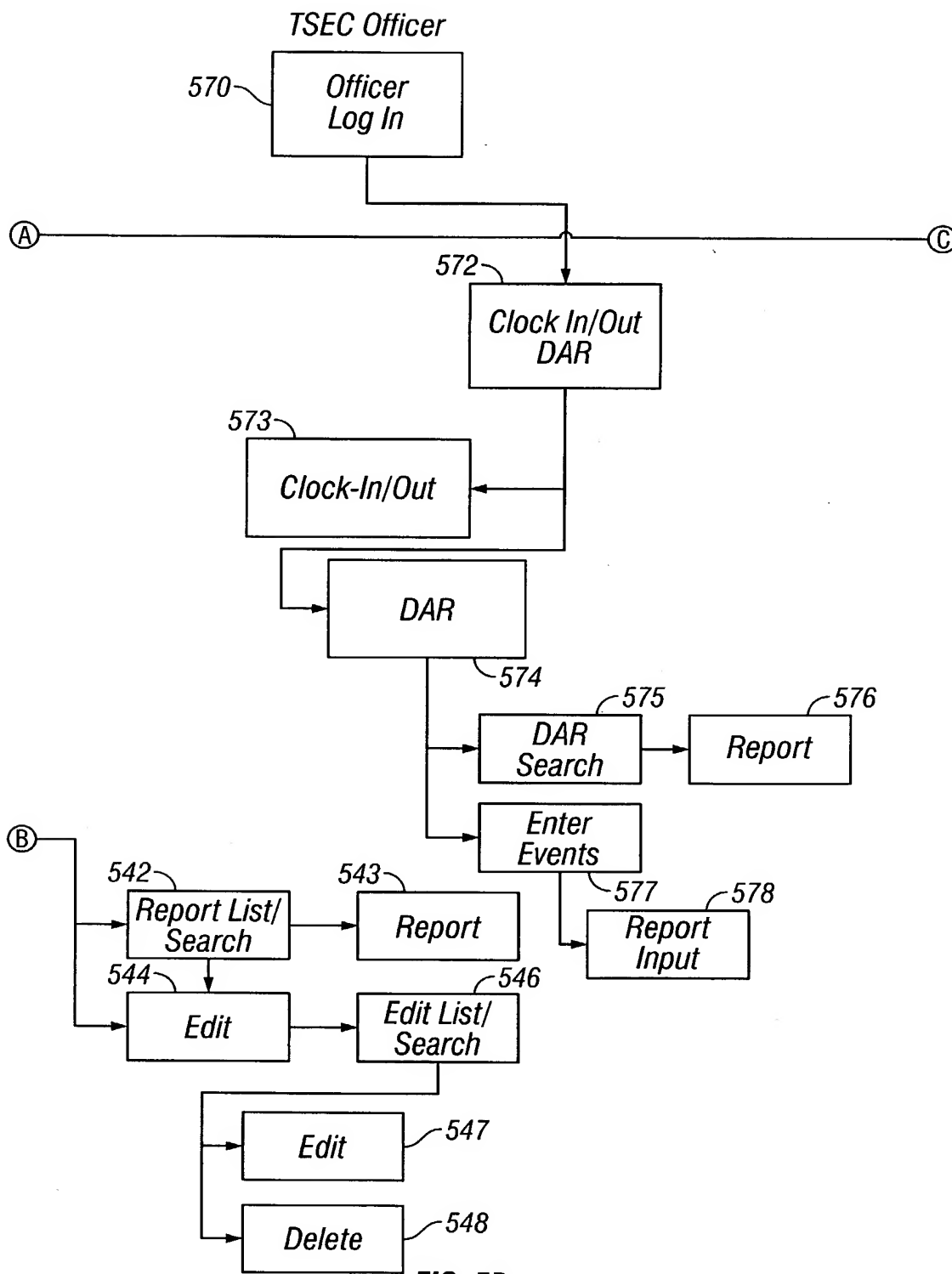
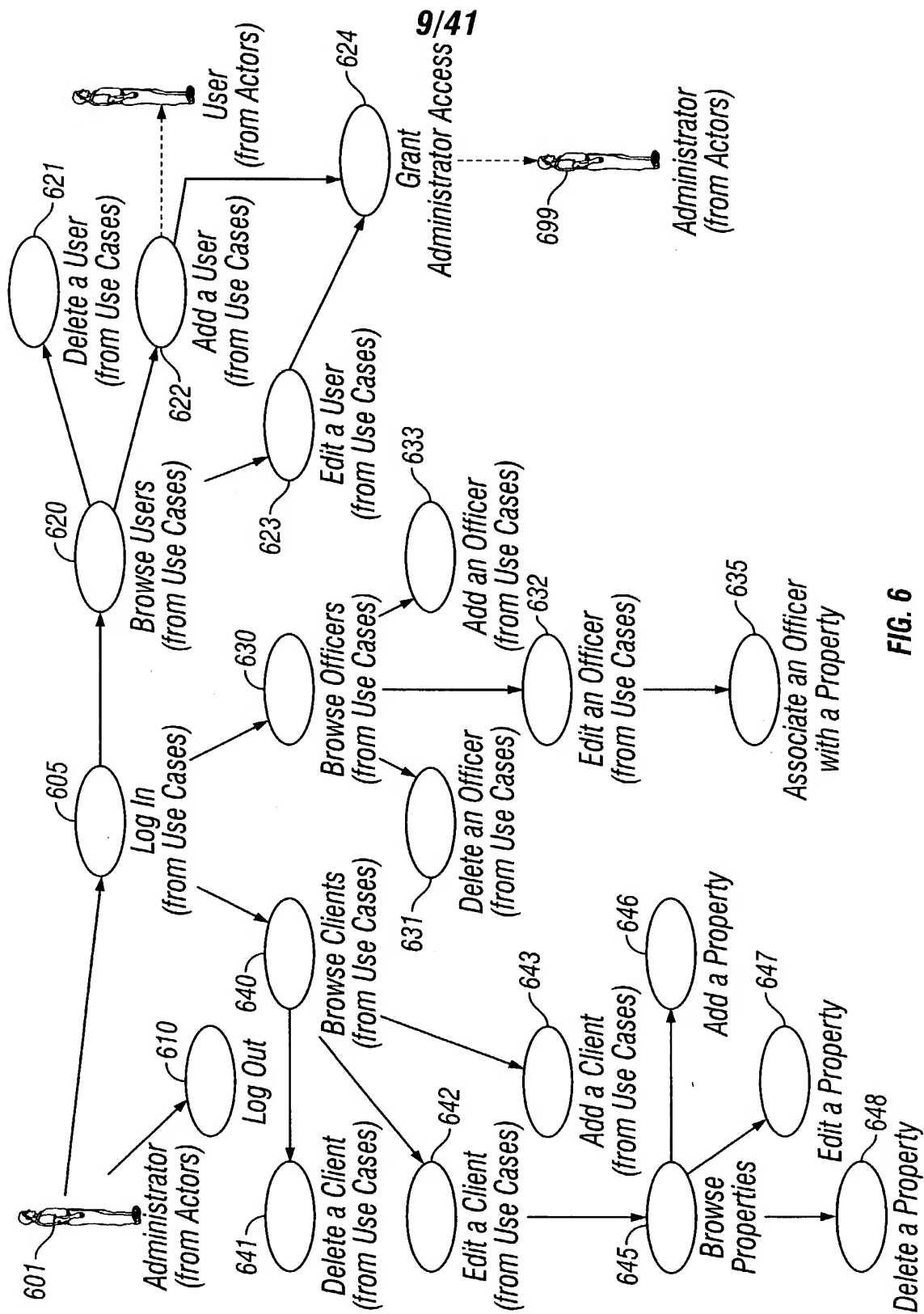
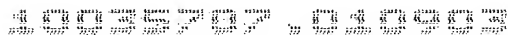


FIG. 5B







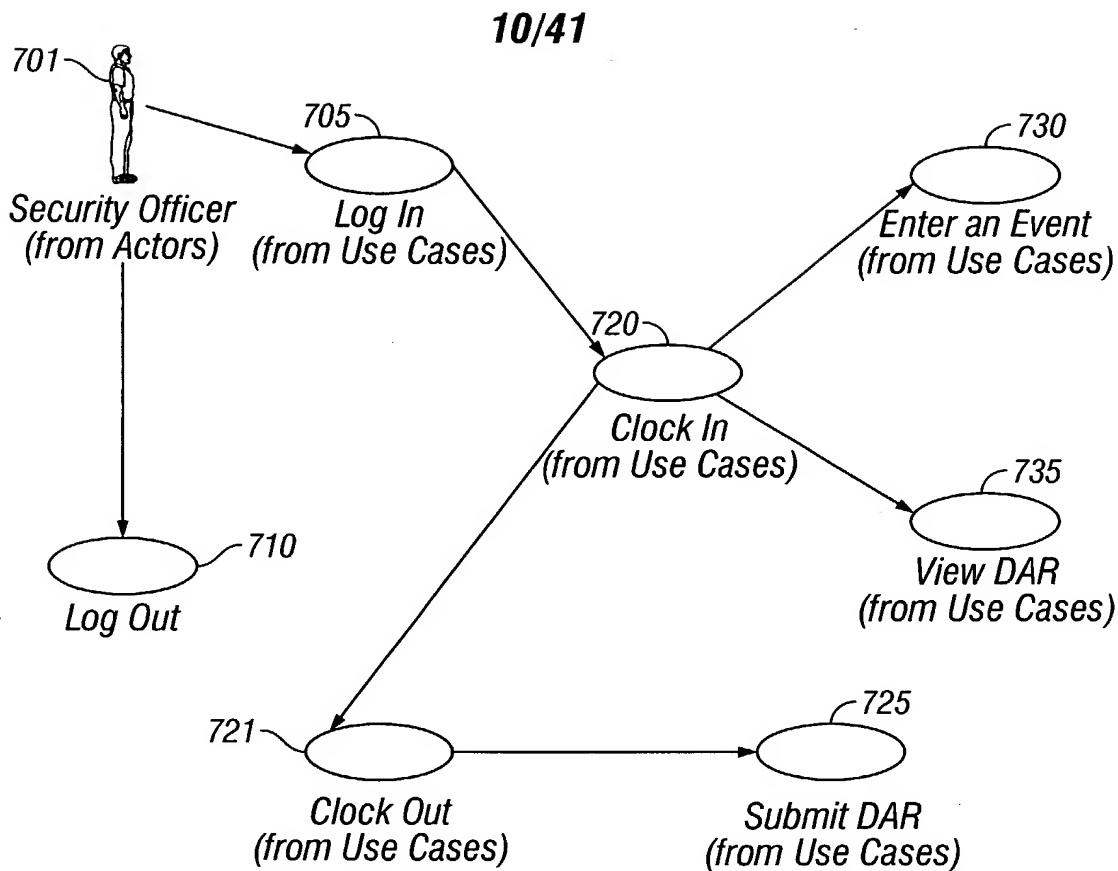


FIG. 7

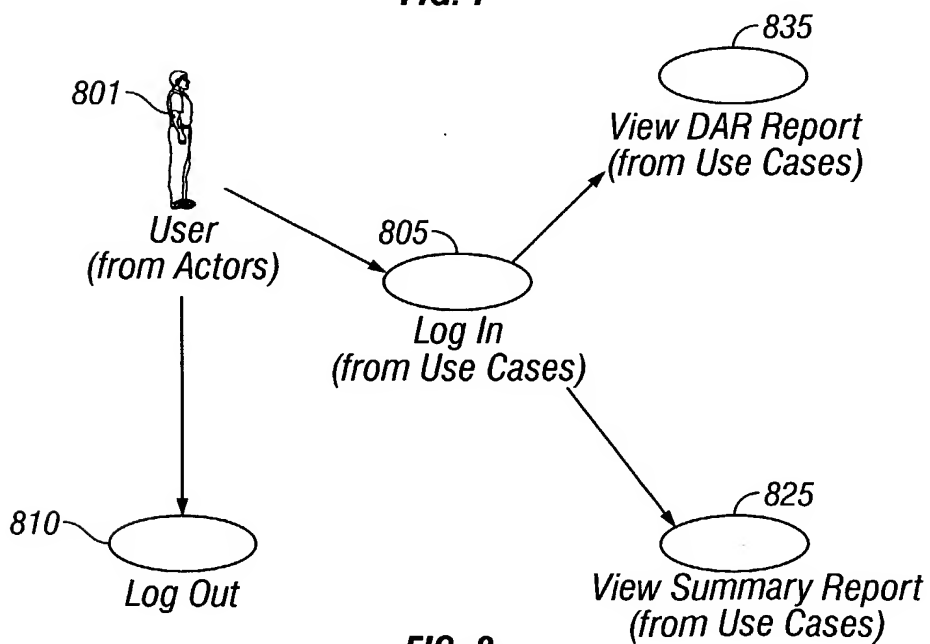


FIG. 8



11/41

**Terrace Security Corporation**  
Online Applications Management Console

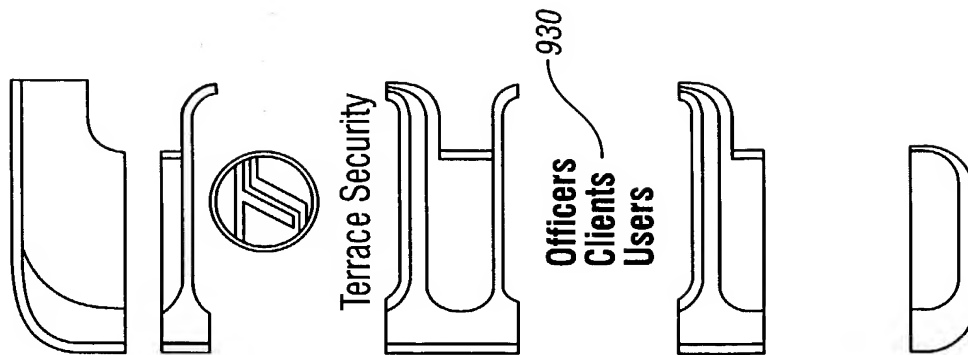
Please enter your UserID and password to continue:

UserID  901

Password  910

920

FIG. 9





11/22/2000 11:22:00 AM

12/41

**Terrace Security Corporation**  
Secured Reporting Console

Logged In: Borgman, Steve

**Daily Activity Report**

Guard	Property	Date
--All-- 1010	--All-- 1020	11/22/2000 1030

Show  
1040

Terrace Security  
DAR  
Summary  
1030

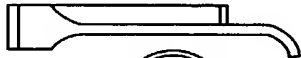
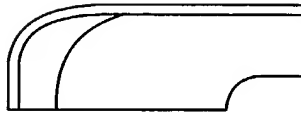
Log Out

FIG. 10

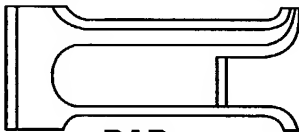


13/41

13/41

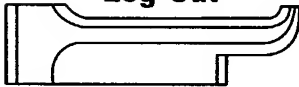


Terrace Security



**DAR  
Summary**

**Log Out**



**Terrace Security Corporation**  
Secured Reporting Console

Logged In: Borgman, Steve

**Daily Activity Report**

**Shift 1**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgdzg	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

**Shift 2**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

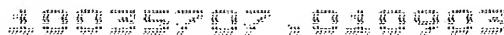
Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

**Shift 3**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

**FIG. 11A**

**Shift 4**

Post  
Memorial City Mall  
Time Out  
10/12/2000 5:05:08 PM  
Radio Number  
sdf

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

**Shift 5**

Post  
Memorial City Mall  
Time Out  
11/17/2000 11:38:04 AM  
Radio Number

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		Y
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

**Shift 6**

Post  
Memorial City Mall  
Time Out  
11/17/2000 11:40:56 AM  
Radio Number  
234

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Post  
Memorial City Mall  
Time Out  
11/20/2000 8:01:52 AM  
Radio Number  
asf

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

**FIG. 11B**

JAN 09 2003

11/21/2000 11:21:03 AM

**Shift 8**

Guard  
Calamari, Manni  
Time In  
11/20/2000 8:02:02 AM  
Shift Code

tewt

Comments

asretae

Time In 2:03:00 AM Time Out 5:00:00 AM

**15/41**

Post  
Memorial City Mall  
Time Out  
11/21/2000 3:12:03 PM  
Radio Number  
tet

Code 1604 Comments comment IR Y

**Shift 9**

Guard  
Calamari, Manni  
Time In  
11/21/2000 3:12:18 PM  
Shift Code

wer

Comments

erwer

Time In 1:00:00 AM Time Out 2:00:00 AM

5:00:00 AM 6:00:00 AM

5:00:00 AM 6:00:00 AM

Post  
Memorial City Mall  
Time Out  
11/21/2000 3:17:34 PM  
Radio Number  
werwer

Code 1610 Comments comments IR Y  
Code 1607 ar Y  
Code 1607 ar Y

**Shift 10**

Guard  
Calamari, Manni  
Time In  
11/21/2000 3:56:21 PM  
Shift Code

we

Comments

qr

Time In 1:00:00 AM Time Out 1:00:00 AM

8:00:00 AM 9:00:00 AM

1:00:00 AM 1:00:00 AM

1:00:00 AM 1:00:00 AM

1:00:00 AM 1:00:00 AM

Post  
Memorial City Mall  
Time Out  
11/21/2000 4:07:48 PM  
Radio Number  
wet

Code 1607 Comments comment IR Y  
Code 1604 comment goes here... Y  
Code 1605 comment goes here... Y  
Code 1600 Y  
Code 1600 Y

**Shift 11**

Guard  
Calamari, Manni  
Time In  
11/21/2000 9:09:58 PM  
Shift Code

wr3

Comments

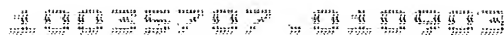
wrwaer

Time In Time Out

Post  
Memorial City Mall  
Time Out  
11/22/2000 9:20:43 AM  
Radio Number  
wer

Code Comments IR

**FIG. 11C**

**Shift 12**

Post  
property 1  
Time Out  
10/12/2000 5:03:43 PM  
Radio Number  
123

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

**Shift 13**

Guard  
Calamari, Manni  
Time In  
11/22/2000 9:21:02 AM  
Shift Code  
1234  
Comments  
comment goes here

Post  
property 1  
Time Out  
11/22/2000 9:24:03 AM  
Radio Number  
12345

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	Y

**FIG. 11D**





11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**Terrace Security Corporation**  
Online Applications Management Console

Logged In: Borgman, Steve

**Officer Admin**

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol Teacher
<input type="radio"/> Melancon	Robb	555	
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editreee
<input type="radio"/> Waggoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	

17/41

1210

1230

Delete Selected Officer

1220

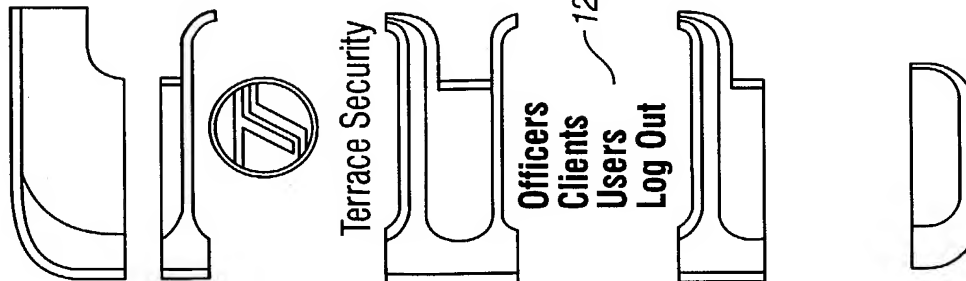
Edit Selected Officer > >

~OR~

1240

Add New Officer

FIG. 12



1250



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Terrace Security Corporation  
Online Applications Management Console

Logged In: Borgman, Steve

Client Admin

Client Name	Contact Name	Phone	Email
<input checked="" type="radio"/> MetroNational Properties: property 1, new property-edited, new property 2, new property 3-edited	Jeff Jarvis	718-207-4400 x7184	jjarvis@
<input type="radio"/> General Growth Partners Properties: Memorial City Mall, Deerbrook Mall, Property 3	First Name	555-555-5555	first@first
<input type="radio"/> GMH Capital Properties:			

~OR~

Edit Selected Client > > 1320

Add New Client 1340

Delete Selected Client 1330

Terrace Security

Officers  
Clients  
Users  
Log Out

FIG. 13

**Terrace Security Corporation**  
 Online Applications Management Console

Logged In: Borgman, Steve

**User Admin**

Last Name	First Name	User ID	Admin
<input checked="" type="radio"/> Borgman	Steve	steve	Yes
<input type="radio"/> Hays	Wayne	wayne	Yes
<input type="radio"/> Madison	Carmen	carm	Yes
<input type="radio"/> Marcis	Doug	doug	Yes
<input type="radio"/> Michaels	Bob	bob	Yes
<input type="radio"/> Vanderbilt	Arthur	arthur	Yes
<input type="radio"/> Waggoner	Ian	ian	Yes
<div> <div>Edit Selected User &gt; &gt;</div> <div>~OR~</div> <div>Add New User</div> </div>			
Delete Selected User			

FIG. 14



**Terrace Security Corporation**  
Officer Console

**Logged In: Neely, Bernard**

# Incident Report

TSC Case #  
8

HPD Case #

Incident Code/Type	Location
1605 - Aggravated Robbery	

Date/Time Reported

12 ▾ / 30 ▾ / 2000 ▾ : 12 ▾ : 00 ▾  AM  PM

Date/Time Occurred

12 / 30 / 2000 : 00 AM PM

HFD Unit #

## What Hospital

Paramedic's Name

## Identifying Information #1

Last Name

First Name

MI





**FIG. 15A**

**20/41**







Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			<div>12</div> <div>00</div> <div>:</div> <div>AM</div> <div>PM</div>

Vehicle Info #1

☒ SU
 ☐ C
 ☐ W

Year Towed ☐ Yes ☒ No

Make

Model

Color

License Plate #

VIN

Vehicle Info #2

☒ SU
 ☐ C
 ☐ W

Year Towed ☐ Yes ☒ No

Make

Model

Color

License Plate #

VIN

Vehicle Info #3

☒ SU
 ☐ C
 ☐ W

Year Towed ☐ Yes ☒ No

Make

Model

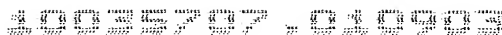
Color

License Plate #

VIN



**23/41**

**FIG. 15D**



## NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

	
---	---

## FOLLOW-UP

Date \_\_\_\_\_

Time

## By Whom

12 / 30 / 2000 12 : 00 AM PM

submit.

**FIG. 15E**





# Terrace Security Corporation

# Officer Console

# Incident Investigation Report

TSC Case #

## I. General Information

Date of Incident: 01/01/2000 / Time of Incident: 01:01 am

Day of Week: Monday

Date Reported to You: 01/01/2000 Time Reported to You: 01:01 am

pm

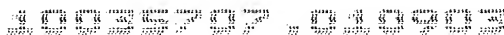
By Whom:

Property Name & Location:

**Specific Location of Incident:**

(describe all identifying factors of exact place of incident: measurements, directions, etc.)

**FIG. 16A**



## Complete Sections I, II, VII & IX

**Female**

SS:NI:



Source: Author's calculations.

\_\_\_\_\_

☐ No If yes, what kind

**Position:**

**Address:**

1561

1000



Driver's License #  State:  Date of Expiration:  01  / 01  / 2000

Vehicle Description:  License Plate #:  State:

Vehicle Insurance?: ☐ Yes ☐ No Insurance Company:

Policy #  Policy Holder:

### III. FIRST AID (treatment Rendered to stabilize Complainant)

27/41

☐ Not Offered - why?

☐ Offered

By whom; why?

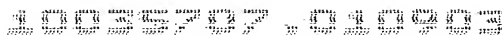
☐ Offer  
Declined

Hospital Name?

☐ Taken  
to Hospital

Taken by: ☐ Ambulance HFD Unit #  Paramedic's Name

FIG. 16C



**FIG. 16D**



### Describe Complainant's reaction to the incident

### Describe shoes worn by Complainant

[illegible]

Sole materials: ☐ Leather ☐ Rubber ☐ Vinyl ☐ Wood ☐ Other-describe

\_\_\_\_\_

**Describe heels (height, material, condition):**

\_\_\_\_\_

Overall condition of shoes: ☐ Good ☐ Average ☐ Poor

---

## V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the Incident? ☐ Yes ☐ No If yes, who?

\_\_\_\_\_

## Relationship to Minor

\_\_\_\_\_

**FIG. 16E**



If unaccompanied, was someone responsible for the minor? ☐ Yes ☐ No If yes, who?

Relationship to Minor

Where was this person at the time of the incident?

## VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident.

### A. Description of the Incident Site

1. Type of Walkway:

☐ Floor ☐ Stairway ☐ Ramp ☐ Street ☐ Escalator ☐ Parking Lot ☐ Other-describe

2. Surface material:

FIG. 16F

30/41



00000000 00000000

31/41

- ☐ Carpet   ☐ Vinyl tile   ☐ Ceramic tile   ☐ Terrazo   ☐ Marble   ☐ Quarry Tile   ☐ Rug  
☐ Grass   ☐ Concrete   ☐ Asphalt   ☐ Gravel   ☐ Metal   ☐ Dirt   ☐ Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.)   ☐ Yes   ☐ No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



(oily, gritty, bubbly, etc.)	Consistency	(melted, crushed, solid, etc.)

4. Skid/streak marks ☐ Yes ☐ No Substance on shoes or clothing ☐ Yes ☐ No

## How did substance come to be on the floor?

5. Any other object involved? ☐ Yes ☐ No

If yes, describe object/composition

## Location of object

Reason for location of object

## Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present?    ☐ Yes    ☐ No    If yes, describe nature of condition

**FIG. 16H**





Dimensions  Debris present? ☐ Yes ☐ No If yes, describe

--

### C. Lighting Conditions

1. ☐ Natural ☐ Artificial-describe

\_\_\_\_\_

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

☐ Yes ☐ No If yes, explain

\_\_\_\_\_

### D. Weather Conditions

**Describe outdoor weather, even if incident was inside**

\_\_\_\_\_

(cloudy, sunny, snowing, raining, etc.)

## VII. PHOTOGRAPHS

Were photos taken? ☐ Yes ☐ No How many?

1000

**FIG. 161**

[illegible]



## By whom?

Date &amp; Time Taken

## Where are photos stored?

## VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

Name

## Address

City

## State

zip

Phone#

### What was this person's involvement with the incident?

**FIG. 16J**



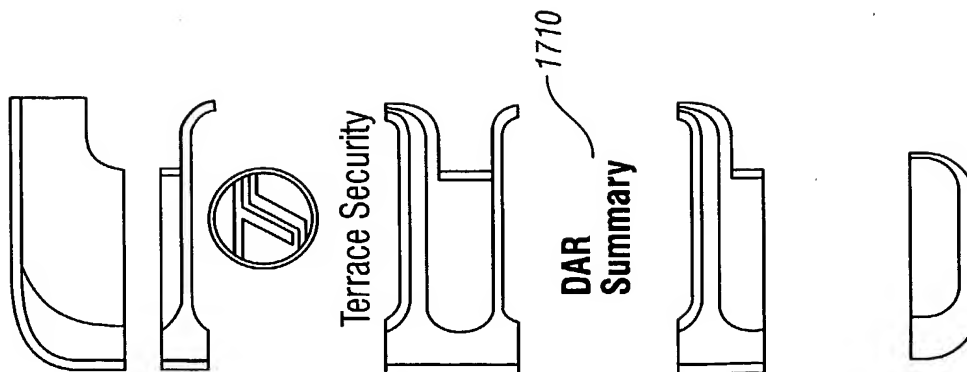




[illegible]

\_\_\_\_\_

**FIG. 16N**



## DAR Summary

1710

**Terrace Security Corporation**  
Secured Reporting Console

Please enter your UserID and password to continue:

UserID

1720

## Password

1730

**Continue**

1740

**FIG. 17**





Patent & Trademark Office

Terrace Security Corporation  
Secured Reporting Console

Logged In: Madison, Carmen

Daily Activity Report

Guard	Property	Date
--All--	--All--	12/20/2000

Guard 1820

Property 1830

Date 1840

Event Code

--All-- 1850

1810

DAR Summary

Show 1860

Log Out

FIG. 18





41/41

41/41

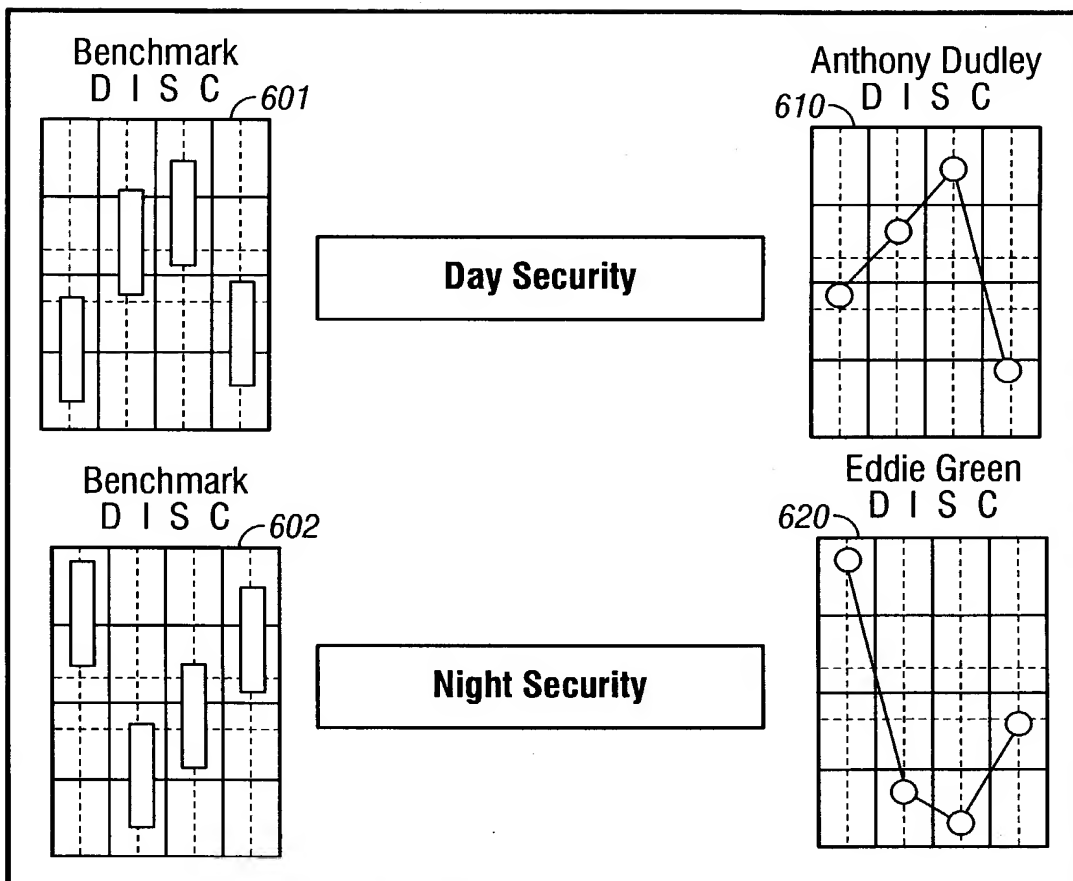


FIG. 19